

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street)

2800 Shirlington Road, Suite 930

☐Check if different  
than previously  
reported. (ACC)

Arlington

VA

22206

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00325076

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2011

through

07

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dorie Velezis

Signature of Treasurer

Electronically Filed by Dorie Velezis

Date

08

19

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	1167611.58
(b) Cash on Hand at Beginning of Reporting Period .....	1241241.94	
(c) Total Receipts (from Line 19) .....	30718.01	317982.38
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1271959.95	1485593.96
7. Total Disbursements (from Line 31) .....	29191.35	242825.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1242768.60	1242768.60
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	5047.88	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y W Y  
2 0 1 1

To:

M M  
0 7D D  
3 1Y Y Y Y  
2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	15080.00	141029.56
(ii) Unitemized .....	6201.91	110061.01
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	21281.91	251090.57
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	21281.91	251090.57
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	61.10	266.81
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	9375.00	66625.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	9375.00	66625.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	30718.01	317982.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21343.01	251357.38

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	9375.00	66625.00	
(ii) Non-Federal Share.....	9375.00	66625.00	
(b) Other Federal Operating Expenditures.....	10341.35	109340.36	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	29091.35	242590.36	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	100.00	235.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	100.00	235.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29191.35	242825.36	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19816.35	176200.36	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	21281.91	251090.57
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	235.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21181.91	250855.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19716.35	175965.36
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	19716.35	175965.36

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR CHRIS AYERS

Mailing Address 828 OLNEY OAK DR

City

HOUSTON

State

TX

Zip Code

77079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONOCO INDONESIA

Occupation

MANAGE ECONOMICS & PLANNING

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.52527

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.52588

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID BAIN

Mailing Address 1000 PECAN DR

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CORWIN ENGINEERING INCORPORATED

Occupation

ENGINEER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.52513

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0101633-0000168  
Transaction ID : **SA11AI.52527**

B. Form/Schedule : **SA11AI** 0103804-0000228  
Transaction ID : **SA11AI.52588**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52513**

0104630-0000154



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)

MRS JUDITH BIRDSEYE

Mailing Address 15816 197TH PL NE

City

WOODINVILLE

State

WA

Zip Code

98077

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2011

Transaction ID: SA11AI.52609

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DR GARY R BISHOP

Mailing Address 15144 LARRY ST

City

POWAY

State

CA

Zip Code

92064

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RIVERSIDE COUNTY

Occupation

PHARMACIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2011

Transaction ID: SA11AI.52575

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH N BLACKBURN

Mailing Address 10 SHALLOWBROOK DR

City

O FALLON

State

IL

Zip Code

62269

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AIRTRAN AIRWAYS

Occupation

PILOT

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2011

Transaction ID: SA11AI.52487

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0107438-0000248  
Transaction ID : **SA11AI.52609**

B. Form/Schedule : **SA11AI** 0009108-0000215  
Transaction ID : **SA11AI.52575**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52487**

0014063-0000130

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 12 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY  
RED ROOM 9-W

City State Zip Code  
FORT COLLINS CO 80525

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
344E FOOTHILLS PARKWAY FC  
COLORADO

Occupation  
ASSET MGR

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2011

Transaction ID: SA11AI.52550

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DEL C BROOKS

Mailing Address 12789 MUIRFIELD BOULEVARD N

City State Zip Code  
JACKSONVILLE FL 32225

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SMURFIT STORE CONT. CORP

Occupation  
GEN MGR

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 11 / 2011

Transaction ID: SA11AI.52410

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM P BUCK, JR

Mailing Address 2084 BROOK HIGHLAND RDG

City State Zip Code  
BIRMINGHAM AL 35242

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIVERSITY OF ALABAMA

Occupation  
MOM

Receipt For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 25 / 2011

Transaction ID: SA11AI.52418

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0024811-0000190  
Transaction ID : **SA11AI.52550**

B. Form/Schedule : **SA11AI** 0012784-0000053  
Transaction ID : **SA11AI.52410**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52418**

0101854-0000062

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST HOSP

Occupation

C. T. TECHNOLOGIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.52610

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLOWERS & GIFTS- INC.

Occupation

FLORIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.52355

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR CRAIG W EGLOFF

Mailing Address 27001 HIGHWAY 128

City

YORKVILLE

State

CA

Zip Code

95494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JAYMES & JAYMES

Occupation

INSURANCE BROKER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.52594

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.52610**

0032286-0000249

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.52355**

0001536-0000004



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52594**

0101847-0000234

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 18 / 62

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES S ENGLUND

Mailing Address 302 CINDI CT

City

LONGVIEW

State

TX

Zip Code

75605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
ENGINEER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 11 / 2011

Transaction ID: SA11AI.52519

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

MR FRED B FRANK

Mailing Address 501 VIA JUAREZ

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMFORT MUSIC

Occupation  
RECORD PRODUCER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2011

Transaction ID: SA11AI.52579

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES L FULLMER

Mailing Address 2552 WALNUT AVE SUITE 230

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FULLMER CONSTRUCTION

Occupation  
OWNER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2011

Transaction ID: SA11AI.52584

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0014348-0000160  
Transaction ID : **SA11AI.52519**

B. Form/Schedule : **SA11AI** 0102190-0000219  
Transaction ID : **SA11AI.52579**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52584**

0106483-0000224

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 21 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**CAMPAIGN FOR WORKING FAMILIES**

**A.**

Full Name (Last, First, Middle Initial)

JOAN FULLMER

Mailing Address 2552 WALNUT AVE #230

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LASER AND DERMATOLOGY GRO-  
UP

Occupation  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2011

Transaction ID: SA11AI.52616

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

MRS CARL W GUSTKE

Mailing Address 233 STATON RD

City

CABOT

State

AR

Zip Code

72023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FEDERAL EX - (WIFE) REBSA-  
MEN R. H.

Occupation  
PILOT - WIFE DEBORAH-RN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2011

Transaction ID: SA11AI.52502

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR TRUMAN HOMME

Mailing Address PO BOX 156

City

SPICER

State

MN

Zip Code

56288

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation  
INFO REQUESTED- NOT RECD

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2011

Transaction ID: SA11AI.52478

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

5150.00

**TOTAL** This Period (last page this line number only) .....

**B.** Form/Schedule : **SA11AI** 0022519-0000144  
Transaction ID : **SA11AI.52502**

**C.** Form/Schedule : **SA11AI** 0106511-0000120  
Transaction ID : **SA11AI.52478**

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP

Mailing Address 350 E HENSCHEN ST

City

GARNER

State

IA

Zip Code

50438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	1	1

Transaction ID: SA11AI.52455

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

DR JOHN D KEISLING

Mailing Address 35 ERICA LN

City

BELEN

State

NM

Zip Code

87002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAICOccupation  
SCIENTIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	1	1

Transaction ID: SA11AI.52561

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR JOHN D KEISLING

Mailing Address 35 ERICA LN

City

BELEN

State

NM

Zip Code

87002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAICOccupation  
SCIENTIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.52562

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

190.00

TOTAL This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0103497-0000096  
Transaction ID : **SA11AI.52455**

B. Form/Schedule : **SA11AI** 0100128-0000199  
Transaction ID : **SA11AI.52561**



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52562**

0100128-0000200

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR HENDRICK KERKSTRA

Mailing Address 1711 TOURS COURT

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 19 / 2011

Transaction ID: SA11AI.52592

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

MRS THOMAS J KUK

Mailing Address 32265 WEEPING WILLOW ST

City

TRABUCO CANYON

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 11 / 2011

Transaction ID: SA11AI.52580

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS THOMAS J KUK

Mailing Address 32265 WEEPING WILLOW ST

City

TRABUCO CANYON

State

CA

Zip Code

92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 27 / 2011

Transaction ID: SA11AI.52581

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0108310-0000232  
Transaction ID : **SA11AI.52592**

B. Form/Schedule : **SA11AI** 0015893-0000220  
Transaction ID : **SA11AI.52580**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52581**

0015893-0000221

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

STEVE H LAZARIAN

Mailing Address 1463 EDGECLIFF LN

City

PASADENA

State

CA

Zip Code

91107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ESSCO

Occupation

ELECTRICAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2011

Transaction ID: SA11AI.52617

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

GARY W LOCKE, JR

Mailing Address 2602 BOOGER HILL RD

City

DANIELSVILLE

State

GA

Zip Code

30633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN/STATE OF GEORGIA

Occupation

RETIRED

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2011

Transaction ID: SA11AI.52406

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City

DAYTON

State

OH

Zip Code

45440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USAF

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2011

Transaction ID: SA11AI.52433

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

**B.** Form/Schedule : **SA11AI** 0102864-0000050  
Transaction ID : **SA11AI.52406**

**C.** Form/Schedule : **SA11AI** 0101785-0000075  
Transaction ID : **SA11AI.52433**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

TINA J MANUEL

Mailing Address 3188 GREENBRIAR DR

City

ONTARIO

State

CA

Zip Code

91761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.52572

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

LAWRENCE G MCCONNELL

Mailing Address 6960 CITRUS DR

City

SEMINOLE

State

FL

Zip Code

33772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

PASTOR

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.52414

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MAE L MCKINLEY

Mailing Address 515 11TH AVE NE

City

MINOT

State

ND

Zip Code

58703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.52481

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.52572**

0104507-0000211

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.52414**

0103189-0000057



C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52481**

0101794-0000123

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD M NICHOLS

Mailing Address 500 SUMMIT LAKE DR STE 120

City

VALHALLA

State

NY

Zip Code

10595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FUSION FINANCIAL GROUP

Occupation

FINANCIAL PLANNER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 19 / 2011

Transaction ID: SA11AI.52360

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS KATRINA HOFF RAUSCH

Mailing Address 210 DEMERS LN

City

POLSON

State

MT

Zip Code

59860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation

HOMEMAKER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2011

Transaction ID: SA11AI.52483

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

MARTHA REES

Mailing Address P O BOX 479

City

HEMPSTEAD

State

TX

Zip Code

77445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation

HOMEMAKER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 01 / 2011

Transaction ID: SA11AI.52530

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0108914-0000009  
Transaction ID : **SA11AI.52360**

B. Form/Schedule : **SA11AI** 0051716-0000125  
Transaction ID : **SA11AI.52483**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52530**

0109162-0000171

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

DR PAUL A RIGGS

Mailing Address 308 KEOMAH VLG

City

OSKALOOSA

State

IA

Zip Code

52577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAHASKA HEALTH PARTNERSHIP

Occupation

GENERAL SURGEON

Receipt For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 11 / 2011

Transaction ID: SA11AI.52462

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

MR MIKE D RISINGER

Mailing Address 421 E GREENWOOD ST

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE

Occupation

JUDGE

Receipt For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 10 / 2011

Transaction ID: SA11AI.52486

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

MRS JOANNE M SCHROEDER

Mailing Address 15720 52ND AVE N

City

PLYMOUTH

State

MN

Zip Code

55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHWESTERN COLLEGE

Occupation

CFO

Receipt For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 25 / 2011

Transaction ID: SA11AI.52463

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0005704-0000103  
Transaction ID : **SA11AI.52462**

B. Form/Schedule : **SA11AI** 0103251-0000128  
Transaction ID : **SA11AI.52486**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52463**

0105676-0000105

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR GARY J SELF

Mailing Address 8508 YORKSHIRE DR

City

ORANGE

State

TX

Zip Code

77632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WAL-MART

Occupation

PHARMACIST

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.52533

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICK B SKINNER

Mailing Address 19111 SCENIC HIGHWAY 98

City

FAIRHOPE

State

AL

Zip Code

36532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED ENGINEER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.52422

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICK B SKINNER

Mailing Address 19111 SCENIC HIGHWAY 98

City

FAIRHOPE

State

AL

Zip Code

36532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED ENGINEER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.52423

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....



A. Form/Schedule : **SA11AI** 0013298-0000175  
Transaction ID : **SA11AI.52533**

B. Form/Schedule : **SA11AI** 0012916-0000065  
Transaction ID : **SA11AI.52422**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52423**

0012916-0000066

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR RANDALL SKOV

Mailing Address 115 TALL TIMBER CT

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US AIR FORCE

Occupation

WEATHER OFFICER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2011

Transaction ID: SA11AI.52400

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DR WILLIAM H SMITH

Mailing Address PO BOX 203

City

KAAAWA

State

HI

Zip Code

96730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STATE OF HAWAII

Occupation

TEACHER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 11 / 2011

Transaction ID: SA11AI.52597

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK SWISHER

Mailing Address 24902 N POINT PL

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVIARA ENERGY CORPORATION

Occupation

ENGINEER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2011

Transaction ID: SA11AI.52532

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

A. Form/Schedule : **SA11AI** 0014942-0000044  
Transaction ID : **SA11AI.52400**

B. Form/Schedule : **SA11AI** 0103927-0000237  
Transaction ID : **SA11AI.52597**

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52532**

0048257-0000174

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 62

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN W TIMMONS

Mailing Address 1444 BETHEL CHURCH RD

City

ELKTON

State

VA

Zip Code

22827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAGE MEMORIAL HOSPITAL

Occupation  
PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2011

Transaction ID: SA11AI.52383

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DONALD A WHITE, JR

Mailing Address 9412 ROCKY HILLS DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 21 / 2011

Transaction ID: SA11AI.52424

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM J WILLIS

Mailing Address 1194 DUNBROOKE LANE

City

DUNWOODY

State

GA

Zip Code

30338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFO REQUESTED- NOT RECD

Occupation  
INFO REQUESTED- NOT RECD

Receipt For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2011

Transaction ID: SA11AI.52401

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

15080.00

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.52383**

0002694-0000030

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.52424**

0101707-0000067

C. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.52401**

0100150-0000045



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
1st Virginia Community Bank

Mailing Address 11325 Random Hills Road

City State Zip Code  
Fairfax VA 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.52627

Date of Disbursement

/   /

Amount of Each Disbursement this Period

61.71

**B.**

Full Name (Last, First, Middle Initial)  
ADVANCED DIGITAL SOLUTIONS

Mailing Address 10680 MAIN STREET

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.52641

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1215.00

**C.**

Full Name (Last, First, Middle Initial)  
American Express

Mailing Address P.O. Box 981540

City State Zip Code  
El Paso TX 79998

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.52623

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.95

**SUBTOTAL** of Disbursements This Page (optional) .....

1281.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City  
El Paso

State  
TX

Zip Code  
79998

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.52625

Date of Disbursement

/   /

Amount of Each Disbursement this Period

36.32

**B.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City  
El Paso

State  
TX

Zip Code  
79998

Purpose of Disbursement

BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.52629

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.64

**C.**

Full Name (Last, First, Middle Initial)

Authorize.net

Mailing Address 808 East Utah Valley Drive

City  
American Fork

State  
UT

Zip Code  
84003

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.52624

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7.10

**SUBTOTAL** of Disbursements This Page (optional) .....

44.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)

Authorize.net

Mailing Address 808 East Utah Valley Drive

City  
American Fork

State  
UT

Zip Code  
84003

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.52626

Date of Disbursement

/   /

Amount of Each Disbursement this Period

57.03

**B.**

Full Name (Last, First, Middle Initial)

BB& T Bank

Mailing Address 2700 S. Quincy Street

City  
Arlington

State  
VA

Zip Code  
22206

Purpose of Disbursement  
BANK FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.52628

Date of Disbursement

/   /

Amount of Each Disbursement this Period

906.24

**C.**

Full Name (Last, First, Middle Initial)

CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City  
ALEXANDRIA

State  
VA

Zip Code  
22304

Purpose of Disbursement  
RENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.52643

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2860.44

**SUBTOTAL** of Disbursements This Page (optional) .....

3823.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) COVAD COMMUNICATIONS Mailing Address P.O. BOX 39000	<b>Transaction ID:</b> SB21B.52634 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 1 1</div> </div>
City SAN FRANCISCO State CA Zip Code 94139 Purpose of Disbursement COMPUTER SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>114.18</div>
<b>B.</b> Full Name (Last, First, Middle Initial) FEDERAL EXPRESS Mailing Address P.O. BOX 1140 City MEMPHIS State TN Zip Code 38101 Purpose of Disbursement SHIPPING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.52637 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>18.06</div>
<b>C.</b> Full Name (Last, First, Middle Initial) FEDERAL EXPRESS Mailing Address P.O. BOX 1140 City MEMPHIS State TN Zip Code 38101 Purpose of Disbursement SHIPPING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.52644 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>75.97</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

208.21

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
HELLER INFORMATION SYSTEMS

Mailing Address 30 WEST GUDE DRIVE, #220

City ROCKVILLE State MD Zip Code 20850

Purpose of Disbursement  
COMPUTER SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.52638

Date of Disbursement

/   /

Amount of Each Disbursement this Period

575.81

**B.**

Full Name (Last, First, Middle Initial)  
INDEPENDENT PLAN COORDINATORS

Mailing Address P.O. BOX 2899

City VIRGINIA BEACH State VA Zip Code 23450

Purpose of Disbursement  
PLAN FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.52645

Date of Disbursement

/   /

Amount of Each Disbursement this Period

972.50

**C.**

Full Name (Last, First, Middle Initial)  
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City BOSTON State MA Zip Code 02111

Purpose of Disbursement  
STORAGE FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.52658

Date of Disbursement

/   /

Amount of Each Disbursement this Period

256.13

**SUBTOTAL** of Disbursements This Page (optional) .....

1804.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 54 / 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

**A.**

Full Name (Last, First, Middle Initial)  
LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement  
DUES & SUBSCRIPTIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.52646

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
PAC - DATA PROCESSING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.52650

Date of Disbursement

/   /

Amount of Each Disbursement this Period

381.69

**C.**

Full Name (Last, First, Middle Initial)  
OFFICE SHREDDERS

Mailing Address 6500 KANE WAY

City ELKRIDGE State MD Zip Code 21075

Purpose of Disbursement  
OFFICE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.52647

Date of Disbursement

/   /

Amount of Each Disbursement this Period

45.00

**SUBTOTAL** of Disbursements This Page (optional) .....

776.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES

<b>A.</b> Full Name (Last, First, Middle Initial) SPRINT	<b>Transaction ID:</b> SB21B.52648 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 530503	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 1 1</div> </div>
City ATLANTA State GA Zip Code 30353	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEPHONE	<div> <div></div> <div>22.51</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) VERIZON	<b>Transaction ID:</b> SB21B.52649 <b>Date of Disbursement</b>
Mailing Address P.O. BOX 17577	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 1 1</div> </div>
City BALTIMORE State MD Zip Code 21297	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement TELEPHONE	<div> <div></div> <div>447.38</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DEAN VIRAG	<b>Transaction ID:</b> SB21B.52635 <b>Date of Disbursement</b>
Mailing Address 15411 RILLHURST DR	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 1 1</div> </div>
City CULPEPER State VA Zip Code 22701	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement WEBSITE SUPPORT	<div> <div></div> <div>500.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**969.89**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A.** Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement  
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.52652

Date of Disbursement

07 / 26 / 2011

Amount of Each Disbursement this Period

1209.02

**B.** Full Name (Last, First, Middle Initial)  
WEBSTER CHAMBERLAIN & BEAN

Mailing Address 1747 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.52640

Date of Disbursement

07 / 07 / 2011

Amount of Each Disbursement this Period

175.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1384.02

**TOTAL** This Period (last page this line number only) .....

10292.68



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 57 / 62

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DIRECTECHNature of Debt (Purpose):  
CAGING AND DATA PROCESSING

Mailing Address 8595 GROVEMONT CIRCLE

City State ZIP Code  
GAITHERSBURG MD 20877

Outstanding Balance Beginning This Period

223.11

Transaction ID: SD10.4694

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

223.11

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
IRON MOUNTAINNature of Debt (Purpose):  
STORAGE FEES

Mailing Address 745 ATLANTIC AVE

City State ZIP Code  
BOSTON MA 02111

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.52657

Amount Incurred This Period

256.13

Payment This Period

256.13

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
IRON MOUNTAINNature of Debt (Purpose):  
STORAGE FEES

Mailing Address 745 ATLANTIC AVE

City State ZIP Code  
BOSTON MA 02111

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.52655

Amount Incurred This Period

769.45

Payment This Period

0.00

Outstanding Balance at Close of This Period

769.45

**1) SUBTOTALS** This Period This Page (optional).....

992.56

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 58 / 62

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LPSNature of Debt (Purpose):  
PAC - DATA PROCESSING SER-  
VICES

Mailing Address P.O. BOX 2325

City State ZIP Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

381.69

Transaction ID: SD10.52347

Amount Incurred This Period

0.00

Payment This Period

381.69

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LPSNature of Debt (Purpose):  
PAC DATA PROCESSING SERVI-  
CES

Mailing Address P.O. BOX 2325

City State ZIP Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.52653

Amount Incurred This Period

796.30

Payment This Period

0.00

Outstanding Balance at Close of This Period

796.30

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MWM DIRECT MARKETING SERVICESNature of Debt (Purpose):  
PAC - DIRECT MAIL

Mailing Address 8048 HILLRISE COURT

City State ZIP Code  
ELKRIDGE MD 21075

Outstanding Balance Beginning This Period

2320.90

Transaction ID: SD10.4696

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.90

1) **SUBTOTALS** This Period This Page (optional).....

3117.20

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 59 / 62

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):  
PAC - CAGING AND DATA ENT-  
RY SERVICES

Mailing Address 4128 PEPSI PLACE

City State ZIP Code  
CHANTILLY VA 20151

Outstanding Balance Beginning This Period

1209.02

Transaction ID: SD10.52348

Amount Incurred This Period

0.00

Payment This Period

1209.02

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WASHINGTON INTELLIGENCE BUREAUNature of Debt (Purpose):  
PAC CAGING & DATA ENTRY  
SERVICES

Mailing Address 4128 PEPSI PLACE

City State ZIP Code  
CHANTILLY VA 20151

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.52654

Amount Incurred This Period

938.12

Payment This Period

0.00

Outstanding Balance at Close of This Period

938.12

1) **SUBTOTALS** This Period This Page (optional).....

938.12

2) **TOTALS** This Period (last page this line number only).....

5047.88

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

5047.88

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 61 / 62  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT  
 CAMPAIGN FOR WORKI-  
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 7 / 2 8 / 2 0 1 1

TOTAL AMOUNT TRANSFERRED

9375.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

9375.00

Transaction ID: H3.52659

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

9375.00

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

9375.00

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 62 / 62  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

**A. Full Name (Last, First, Middle Initial)**  
 GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement:  
 PAC - CONSULTING POLITICAL AND GEN ADMIN

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

127750.00

Date 

M	M
0	7

 / 

D	D
2	6

 / 

Y	Y	Y	Y
2	0	1	1

Transaction ID: H4.52631

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6625.00

6625.00

13250.00

**B. Full Name (Last, First, Middle Initial)**  
 BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement:  
 PAC CONSULTING POLITICAL RESEARCHER WRITER

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

130500.00

Date 

M	M
0	7

 / 

D	D
2	6

 / 

Y	Y	Y	Y
2	0	1	1

Transaction ID: H4.52632

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1375.00

1375.00

2750.00

**C. Full Name (Last, First, Middle Initial)**  
 Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

Purpose of Disbursement:  
 PAC ACCOUNTING SERVICES

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

133250.00

Date 

M	M
0	7

 / 

D	D
2	6

 / 

Y	Y	Y	Y
2	0	1	1

Transaction ID: H4.52633

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1375.00

1375.00

2750.00

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

9375.00

9375.00

18750.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

9375.00

9375.00

18750.00